



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 1 - SITE INFORMATION AND ASSESSMENT

IDENTIFICATION  
STATE SITE NUMBER  
IN 005159546

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) American Cyanamid Company		02 STREET, ROUTE NO., OR SPECIFIC LOCATION (City/Town) 2521 E. Dunes Hwy. US 12			
03 CITY Michigan City	04 STATE IN	05 ZIP CODE 46360	06 COUNTY LaPorte	07 COUNTY CODE 91	08 ZONE 03
09 COORDINATES LATITUDE 41° 44' 45" N		09 COORDINATES LONGITUDE 086° 52' 20" W		Michigan City East	
10 DIRECTIONS TO SITE (Starting from nearest public road) I94 E to US Highway 12 go east to Michigan City East					

III. RESPONSIBLE PARTIES

01 OWNER (if known) American Cyanamid		02 STREET (Business, mailing, residential) P.O. Box 262			
03 CITY Wayne	04 STATE NJ	05 ZIP CODE 07470	06 TELEPHONE NUMBER ( )		
07 OPERATOR (if known and different from owner) American Cyanamid Company		08 STREET (Business, mailing, residential) P.O. Box 262			
09 CITY Michigan City	10 STATE IN	11 ZIP CODE 46360	12 TELEPHONE NUMBER (219) 874-6211	Mr. Tiloso	
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER <input type="checkbox"/> G. UNKNOWN					

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check at the end)  
☒ A. RCRA 3001 DATE RECEIVED 8/18/80 ☐ B. UNCONTROLLED WASTE SITE (RCRA 103) DATE RECEIVED 11/11/86 ☐ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 7/22/86 <input type="checkbox"/> NO		BY (Check at the end) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER	
8 other		CONTRACTOR NAME(S)	

02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN	03 YEARS OF OPERATION 1951 Present BEGINNING YEAR ENDING YEAR	TO UNKNOWN
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04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Heavy metals solvents toxic persistent organics bases soluble inorganics acids incompatible
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05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION  
groundwater (population, environment)  
surface water (population, environment)

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one if high or medium is checked, designate Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions are completed)  
☐ A. HIGH (inspection required promptly) ☒ B. MEDIUM (inspection required) ☐ C. LOW (inspect on time available basis) ☐ D. NONE (no further action needed, continue current monitoring, notify)

VI. INFORMATION AVAILABLE FROM

01 CONTACT Harry Atkinson	02 OF (Agency/Organization) IDEM/SHWM	03 TELEPHONE NUMBER 317 232-8927
04 PERSON RESPONSIBLE FOR ASSESSMENT Mary Anne Hunter	05 AGENCY IDEM	06 ORGANIZATION SHWM
07 TELEPHONE NUMBER (317) 232-8928		08 DATE 11/19/86





POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
IND 005159546

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply)

☐ A SOLID ☐ E SLURRY  
☐ B POWDER, FINES ☐ F LIQUID  
☐ C SLUDGE ☐ G GAS  
☐ D OTHER \_\_\_\_\_  
(Specify)

02 WASTE QUANTITY AT SITE

(Measures of waste quantities must be independent)

TONS 13,000

CUBIC YARDS 1951-Present

NO OF DRUMS deep well injection

03 WASTE CHARACTERISTICS (Check all that apply)

☒ A TOXIC ☒ E SOLUBLE ☐ I HIGHLY VOLATILE  
☒ B CORROSIVE ☐ F INFECTIOUS ☐ J EXPLOSIVE  
☐ C RADIOACTIVE ☐ G FLAMMABLE ☒ K REACTIVE  
☒ D PERSISTENT ☐ H IGNITABLE ☒ L INCOMPATIBLE  
☐ M NOT APPLICABLE

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE	liquids, sludges		heavy metals
OLW	OILY WASTE			possible disposal of oils
SOL	SOLVENTS			
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			caustic soda
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently used CAS Numbers)

Possible

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
MES	Cobalt		landfill, lagoon	350	ppm
MES	Molybdenum			960	ppm
MES	Nickel	7440-02-0		550	ppm
MES	Selenium	7782-49-2		.31	ppm (EP TOX)
MES	Arsenic	7440-38-2		26	ppm
MES	Cadmium	7440-43-9		2.4	ppm
MES	Chromium	7440-47-3		12.1	ppm
MES	Copper	7550-50-8		12.1	ppm
MES	Lead	7439-97-6		38.7	ppm
MES	Zinc	7440-66-6		4.5	ppm
MES	Tungsten			Unk	ppm
BAS	Ammoniumhydroxide		Spill		
ACD	Sulfuric Acid		Spill		
IOC	Sulfides				
IOC	Chlorides				

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references e.g. where last sample analysis reports)

IDEM Files & Personnel  
IDNR Water Division  
LaPorte County Health Department

American Cyanamid



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PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

L IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☒ J DAMAGE TO FLORA  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE \_\_\_\_\_)

☒ POTENTIAL ☐ ALLEGED

Lagoon area is revegetating. Stress of vegetation needs to be determined during on site visit.

01 ☒ K DAMAGE TO FAUNA  
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE \_\_\_\_\_)

☒ POTENTIAL ☐ ALLEGED

Trail Creek is a salmon/trout stocking (spawning) creek. It is unknown if site affect lake and/or creek.

01 ☒ L CONTAMINATION OF FOOD CHAIN  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE \_\_\_\_\_)

☒ POTENTIAL ☐ ALLEGED

Unknown-see K above. Salmon & trout are game fish.

01 ☒ M UNSTABLE CONTAINMENT OF WASTES  
(Spills, runoff, standing liquids/leaking drums)

02 ☐ OBSERVED (DATE \_\_\_\_\_)

☒ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED 2839

04 NARRATIVE DESCRIPTION

No known containment. No liners, dikes, leachate collection, runoff diversion, etc.

01 ☒ N DAMAGE TO OFFSITE PROPERTY  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE \_\_\_\_\_)

☒ POTENTIAL ☐ ALLEGED

Unknown

01 ☐ O CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE \_\_\_\_\_)

☐ POTENTIAL ☐ ALLEGED

01 ☐ P ILLEGAL/UNAUTHORIZED DUMPING  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE \_\_\_\_\_)

☐ POTENTIAL ☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

Unknown storage of raw product. Also, there may be other spills. No information as to storage/waste of raw product or all raw products used.

III. TOTAL POPULATION POTENTIALLY AFFECTED: 2839

IV. COMMENTS

V. SOURCES OF INFORMATION (City specific references e.g. state laws, batch analysis reports)

See Part 2VI



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PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION  
01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 <input checked="" type="checkbox"/> A. GROUNDWATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: <u>2839</u>	02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	<input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
Number taken from Waste Inc. studies (2581) Trail Creek & 268 wells in Michigan City). Groundwater flow is to the lake (probably) if there is no affect due to onsite injection wells. Static water is $\approx$ 5-6 Ft. Lagoon, landfill unlined. Depth of 8 lagoons from 6"-7 Ft. Aquifers sand, clay & shale are probably connected.		
01 <input checked="" type="checkbox"/> B. SURFACE WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: <u>Unknown</u>	02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	<input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
Company did once have a drain to Trail Creek which empties near Michigan City Water in Lake Michigan.* Drain was plugged in early 1970's. If contamination from this plant entered Lake Michigan, surface water use is $\approx$ 40,000.		
01 <input type="checkbox"/> C. CONTAMINATION OF AIR 03 POPULATION POTENTIALLY AFFECTED: <u>40,000</u>	02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
None Known		
01 <input checked="" type="checkbox"/> D. FIRE/EXPLOSIVE CONDITIONS 03 POPULATION POTENTIALLY AFFECTED: <u>10,000</u>	02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	<input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
None known; However, incompatible materials may exist at this site due to presence of metals, acid, base & water.		
01 <input checked="" type="checkbox"/> E. DIRECT CONTACT 03 POPULATION POTENTIALLY AFFECTED: <u>0</u>	02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	<input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
None known. It is unknown if the site is fenced.		
01 <input checked="" type="checkbox"/> F. CONTAMINATION OF SOIL 03 AREA POTENTIALLY AFFECTED: <u>Unknown</u> <small>(Acres)</small>	02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
Eight lagoons (best guess by company is 13,000T of slurry, liquid etc) It is unknown if the "landfill" was considered a lagoon or where it is. Soil is sandy.		
01 <input type="checkbox"/> G. DRINKING WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: <u>28,39</u>	02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
Company is testing for what is probably there. However company reported in 1970's disposal of oils. Mr. Weik says its a mistake. Testing should also include PCB's and organics associate with oils.		
01 <input type="checkbox"/> H. WORKER EXPOSURE/INJURY 03 WORKERS POTENTIALLY AFFECTED: <u>0</u>	02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
Unknown		
01 <input type="checkbox"/> I. POPULATION EXPOSURE/INJURY 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
See A, B, D, F, G.		

\*It is unknown were the Long Beach Water intakes are located.